		PATEN	TAP	PLICA	TION F	EE DI	ETERMIN					unbes	: U.S. It dies Apga	DEPARTA Mays a vali cellon or D	AENT OWN	OF COMME 5 control num Number	
Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I													10/52062				
	FOR	<u> </u>	(Column 1) NUMBER FILED			1	(Column 2)		SMALL ENTITY				OR	OTHER TRAN SMALL ENTITY			
(37 (BASIC FEE (37 CFR 1 16(a), (b), or (c))			N/A			JMBER EXTRA	`-	RATE (\$)		FEE (3)			RATE		FEE (3	
SEARCH FEE (37 CFR 1 16(1), (1), or (m) EXAMINATION FEE			N/A .				. NA	\exists	, N/A		\$250			- 'NVA N/A		300.00	
(37 CFR. 1/16(q); (p), or (q)) TOTAL CLAIMS			.N/A				NM		-N/A		\$100	\dashv		N/A		\$500 \$200	
()7 CFR 1 16(1) INDEPENDENT CLAIMS			Ominus 20 ·a		.0			X\$ 25	X\$ 25 .		7,	or .	X\$50		1200		
(37 OFR 1 16(h))			If the specification and o		drawing	Arawings exceed 100		X100	\cdot	-			X200 .				
FEE	LICATION SI FR 1 16(4))	ZE	sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fr 35 U.S.C. 41(a)(1)(G) an			Plication entity) (fraction	n size fee du for each thereot	e.									
MULT	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(j))							71	+180=	+	·	1	ŀ	+360•			
"If the	dillerence in	n column	l is less	(ņan zero	enter o	in colum	n 2		TOTAL	3	co	-	. [TOTAL	+	· ·	
= -	Total	REM AF	umn 1) AIMS A(NING TER IDMENT	HIG NUM PREVI		Poluma 2) GHEST MBER MOUSLY D FOR	(Column 3 PRESENT EXTRA	ENT	SMALI RATE (5)	L ENT	ADDI- NONAL FEE (S)] 。		OTHER T SMALL EN RATE (3)		THAN NTITY ADOI- TIONAL FEE (\$)	
1 2 2	dependent 7 CFR 1,10ht			Minus			2	-1 I-	X100	 	· ·	OR	1=		4		
	Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))							1			_	OR	12	200	+		
	1, 1	· (Colum		E DEPEND				ָר ע	OTAL DDLFEE		•	OR OR	10	360± TAL D'L FEE			
(professor) Inde	Total ;	CLAI REMAI AFTI AMENDI	MS NING ER	Minus	HIGH NUMI PREVIO	BER .	(Column 3) PRESENT EXTRA		RATE (S)	TIC	DDI- DNAL E (\$)		R	ATE (\$)	1	ADDI- IIONAL	
Inde	cpendent : CFR 1.16(h)	•		Minus	•		*		\$ 25 .	•		OR.	X\$	50 .	<u> </u>	EE (t)	
Арр	dication Size	,					-	X	100			OR 1	X2	00 _			
FIRS	ST PRESENTA	TION OF M	ULTIPLE	DEPENDE	NT CLAIM	(37 CFR	1.16@)		180=	-		OR	+3	60=	-		
If the	entry in colu "Highest Nu	mhar Oi		ma 1 (4) 1	14 111112 21	AUE IS I	0° in column 3 ess than 20, e	i. inter "20'	O'L FEE			OR .	TOTA ADD	L FEE			
The,	Highest Num	har Provid	und the	4.5	111113 JF	ACE IS K	ess than 20, e ess than 3, ent is the highest tion is require i.C. 122 and 3	ler "3".		вррг	opriale be	x in co	lumn 1	I <u></u>			

nebuding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commente in the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Infermation Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS.